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28960 7590 10/04/2004

HAVERSTOCK & OWENS LLP
162 NORTH WOLFE ROAD

SUNNYVALE, CA 94086

11/01/2004 WABDELR3 00000059 09624708

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Juan Rascon	
<i>Juan Rascon</i>	
October 26, 2004	

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/624,708	07/25/2000	Joel Goobich	ECC-01800	6812

TITLE OF INVENTION: EXPANDING MEDIUM, SYSTEM AND METHOD FOR DECORATING SURFACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$685	\$0	\$685	01/04/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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KUHNS, ALLAN R	1732	521-072000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	HAVERSTOCK & OWENS LLP 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Earlychildhood.com LLC

Monterey, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1275 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jonathan D. Owens

Date *October 26, 2004*

Typed or printed name

Jonathan D. Owens

Registration No. *37,902*

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